



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Justin Hammind 3538129

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 3:20-cv-00795

(Number to be assigned by Court)

Pr.m Care

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ☒ _____

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

-
3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

-
6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement:

WRTJ

A. Is there a prisoner grievance procedure in this institution?

Yes



No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes

☐

No



C. If you answer is YES:

1. What steps did you take?

2. What was the result?

D. If your answer is NO, explain why not:

I didt know what
a grivance procedre was

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff:

Justin Hammond

Address:

WRTJ one O'Hanlon Place

B. Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Prinicare
is employed as: medical staff
at WRJ

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Aug, 9th or 10th I hit my button because
I Couldn't Breathe and had Chest pain
They Came got me took me to the Sally port
I Asked to Sit down When I Set down I
dont remember Anything After that When
I Came to there Were so Many people around
me They said my heart Stopped And They
had to do 4 Chest inprossions to get it

IV. Statement of Claim (continued):

beating Again, They Called 911, then I was taken to the hospital. They admitted me but After hours I signed a refusal, because I was supposed to go home. I came back on Sep. 24, 2020 and on the 2nd of October 2020, I hit my button and said I needed to go to medical, I was having chest pain and couldn't breathe about 30 mins later, I hit it again the officer told me he called them, but he said he'd call them.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

— To be Continued

Notebook paper

I would like one and A Half Million Dollars.

The officer called them 3 times through out the day he would come over my Box and Check on me I asked the officer if it was in the log book And he said it was logged in 3 times And then he said I should get a lawyer and thats all he said. It took Medical 12 hours to get to me by then it was Already a different shift And They didnt know Anything About it. It feels To me Medical didnt Care Much For my health.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

Havnt Got to that
point yet.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 25th day of November, 2020.

Just Hammer
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-25-20
(Date)

Just Hammer
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

Justin Hammond # 3538129

One O' Hanlon Place

Barboursville, WV 25501

U.S. MARSHALS SERVICE
X-RATED

ST.

Clerk, United States District Court

845 Fifth Avenue, Room 101

Huntington, WV 25701

Charleston P&DC 253

TUE 08 DEC 2020 PM

This person is an inmate
of Western Regional Jail

